

NOTE PLAINLY WRITING IN THIS IS A PAGE. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
District of Live Oak
Town of Miami
or
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 235
County Registrar No. 816
Local Registrar No. _____

No. L-12 Live Oak Hill St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child John Dragan { If child is not yet named, make supplemental report, as directed.

3. Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth. _____ 6. Legitimate? yes 7. Date of birth Aug 31 1926
Month Day Year

8. FATHER
Full name George Samuel Dragan

9. Residence (Usual place of abode) Live Oak
If non-resident, give place and state. Miami Ariz

10. Color or race White 11. Age at last birthday 31 (Years)

12. Birthplace (city or place) San Antonio, Texas
(State or country) New York

13. Occupation Barkeeper
Nature of Industry Copper mine

14. MOTHER
Full maiden name Leone Oswin Moon

15. Residence (Usual place of abode) Live Oak, Miami, Ariz
If non-resident, give place and state.

16. Color or race White 17. Age at last birthday 29 (Years)

18. Birthplace (city or place) San Antonio
(State or country) Texas

19. Occupation Housewife
Nature of Industry

20. Number of children of this mother { (a) Born alive and now living 3
(b) Born alive but now dead 0
(c) Stillborn 0 } 21. Were precautions taken against ophthalmia neonatorum? yes
(Taken as of time of birth of child herein certified and including this child.)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11:35 P. m. on the date above stated
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature J. F. Miller (Physician or midwife).
Address Miami, Ariz

Given name added from a supplemental report. Filed Sept 8, 1926 Local Registrar. C. E. Ding
Month, day, year

Registrar

Filed _____, 19____

County Registrar.

145-831-215